



**HEALTH PROFESSIONS
EDUCATION FOUNDATION**

Giving Golden Opportunities

**CERTIFICATION OF ENROLLMENT
TO BE FILLED OUT BY PROGRAM DIRECTOR**

DATE: _____

TO: Health Professions
Education Foundation
1600 9th Street, Room 436
Sacramento, CA 95814

FROM: _____
NAME

TITLE (Program Director or Dean)

PHONE

I certify that Mr./Ms. _____ is enrolled in an associate
Student's Name & Social Security Number

degree nursing program for the _____ at _____
Spring 2000 Semester/Quarter **School**

and is a student in good standing.

Signature

Title (Program Director or Dean)